

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRIYANKA KUMARI Registered On : 26/Mar/2022 09:00:37 Age/Gender : 30 Y O M O D /F Collected : 26/Mar/2022 09:13:04 UHID/MR NO : IDCD.0000099174 Received : 26/Mar/2022 11:34:40 Visit ID : CALI0115152122 Reported : 26/Mar/2022 16:03:42

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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Blood Group (ABO & Rh typing) **, Blood

Blood Group B

Rh (Anti-D) POSITIVE

Complete Blood Count (CBC) **, Blood

Haemoglobin

10.50

g/dl

1 Day- 14.5-22.5 g/dl

1 Wk- 13.5-19.5 g/dl

1 Mo- 10.0-18.0 g/dl

3-6 Mo- 9.5-13.5 g/dl

0.5-2 Yr- 10.5-13.5

g/dl

2-6 Yr- 11.5-15.5 g/dl

6-12 Yr- 11.5-15.5 g/dl

12-18 Yr 13.0-16.0

g/dl

Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl

TLC (WBC) 4000-10000 ELECTRONIC IMPEDANCE 3,500.00 /Cu mm <u>DLC</u> Polymorphs (Neutrophils) % 55-70 60.00 ELECTRONIC IMPEDANCE Lymphocytes 27.00 % 25-40 **ELECTRONIC IMPEDANCE** Monocytes % 4.00 3-5 ELECTRONIC IMPEDANCE Eosinophils 9.00 % 1-6 **ELECTRONIC IMPEDANCE** Basophils % < 1 ELECTRONIC IMPEDANCE 0.00 **ESR** Observed 32.00 Mm for 1st hr. 12.00 Mm for 1st hr. < 20 Corrected PCV (HCT) 30.00 cc % 40-54 Platelet count Platelet Count 1.50 LACS/cu mm 1.5-4.0 **ELECTRONIC** IMPEDANCE/MICROSCOPIC PDW (Platelet Distribution width) 22.50 fL 9-17 ELECTRONIC IMPEDANCE P-LCR (Platelet Large Cell Ratio) % 66.40 35-60 **ELECTRONIC IMPEDANCE** PCT (Platelet Hematocrit) 0.17 % 0.108-0.282 ELECTRONIC IMPEDANCE MPV (Mean Platelet Volume) 13.80 fl 6.5-12.0 ELECTRONIC IMPEDANCE **RBC Count**

Mill./cu mm 3.7-5.0



RBC Count



ELECTRONIC IMPEDANCE

4.12



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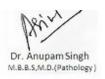
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Blood Indices (MCV, MCH, MCHC)				
MCV	76.10	fl	80-100	CALCULATED PARAMETER
MCH	25.60	pg	28-35	CALCULATED PARAMETER
MCHC	33.60	%	30-38	CALCULATED PARAMETER
RDW-CV	14.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,100.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	315.00	/cu mm	40-440	











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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING ** , Plasma

Glucose Fasting 104.30 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP ** 118.00 mg/dl <140 Normal GOD POD

Sample:Plasma After Meal 140-199 Pre-diabetes >200 Diabetes

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	40.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	119	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.







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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method	
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Un	it Bio. Ref. Interv	al Method
BUN (Blood Urea Nitrogen) ** Sample:Serum	7.00	mg/dL	7.0-23.0	CALCULATED
Creatinine **	0.69	mg/dl	0.5-1.2	MODIFIED JAFFES
Sample:Serum e-GFR (Estimated Glomerular Filtration Rate) ** Sample:Serum	99.90	ml/min/1.73m2	2 - 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid ** Sample:Serum	3.60	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total) Bilirubin (Direct) Bilirubin (Indirect) LIPID PROFILE (MINI) **, Serum Cholesterol (Total)	22.70 14.90 15.70 6.76 4.34 2.42 1.79 103.00 0.38 0.22 0.16	U/L U/L IU/L gm/dl gm/dl gm/dl U/L mg/dl mg/dl mg/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2 < 0.30 < 0.8	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF JENDRASSIK & GROF JENDRASSIK & GROF
HDL Cholesterol (Good Cholesterol) LDL Cholesterol (Bad Cholesterol)	48.00 135 21.10 105.50	mg/dl mg/dl mg/dl mg/dl	> 240 High 30-70 < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline Higi 160-189 High > 190 Very High 10-33 < 150 Normal 150-199 Borderline Higi 200-499 High > 500 Very High	DIRECT ENZYMATIC CALCULATED I h CALCULATED GPO-PAP







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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE	** , Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		, 3	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
Ketone	ABSENT	mg/dl	> 2 (++++) 0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	my/ui	0.2-2.01	BIOCHEIVIISTRI
	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution) Microscopic Examination:	ADSEIVI		100	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
D	0.004.014.4			EXAMINATION
Pus cells .	OCCASIONAL			MICROSCOPIC
DDC ₂	ADCENT			EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			EAAMINATION
Crystals	ABSENT			MICROSCOPIC
Ci ystais	ADSLINI			EXAMINATION
Others	ABSENT			L/// (IVIIIV/ (TTOTA
STOOL, ROUTINE EXAMINATION	** , Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			







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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ABSENT			
ABSENT			
ABSENT			
ABSENT			
	ABSENT ABSENT	ABSENT ABSENT	ABSENT ABSENT

SUGAR, FASTING STAGE

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

0.5 - 1.0(++)

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE **, Urine

Sugar, PP Stage

ABSENT

Interpretation:

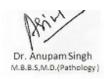
< 0.5 gms% (+)

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%











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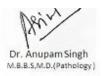
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DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	126.35	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.57	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	6.57	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trim	nester
		0.8-5.2 μIU/r	nL Third Trimes	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	- 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week
		1 6 4 4		

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8**) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.











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 Age/Gender
 : 30 Y 0 M 0 D /F
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DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *
(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Fibrotic opacities are seen is right upper lung zone.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION:

- FIBROTIC OPACITIES ARE SEEN IS RIGHT UPPER LUNG ZONE.
- ? SEQUALAE OF PAST INFECTION.



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

 The liver is normal in size measures 14.1 cm and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- · The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Right kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size, position and cortical echotexture. Cortico-medullary demarcation is maintained.
- · The collecting system of both the kidneys are not dilated.

SPLEEN

The spleen is normal in size ~ 9.1 cm and has a normal homogenous echo-texture.

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

UTERUS

- The uterus is anteverted and normal in size measures 3.3 x 4.0 x 6.0 cms
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. Et measures 6.1 mm
- · Cervix is normal.

ADNEXA & OVARIES

- · Adnexa are normal.
- Both the ovaries are normal in size.
- Right ovary measures 1.7 x 1.9 cms.
- Left ovary measures 2.1 x 1.9 cms

FINAL IMPRESSION:-

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

*Facilities Available at Select Location





